HEMATOLOGY, TRANSFUSION AND CELL THERAPY

www.htct.com.br

ORAL PRESENTATIONS

Adult Hematology Abstract Categories

Chronic Myeloproliferative Diseases
OP 01

THE RELATIONSHIP BETWEEN POLICYTEMIA VERA AND METABOLIC SYNDROME: THE SINGLE CENTER EXPERIENCE

Cem Selim [1]

[1] *Şanlıurfa Mehmet Akif İnan EAH*

Objective: Polycythemia vera (PV) is the most common myeloproliferative neoplasm. It is known that while the amount of substances such as malonyl-dialdehyde, which are known as oxidative stress markers, increases in PV and metabolic syndrome (MS), antioxidant molecules decrease. There are very few studies investigating the clinical relationship between PV and MS. In our study, we determined the incidence of MS in patients diagnosed with PV in our center and investigated the relationship between MS and PV. **Methodology:** Forty patients with PV were included in the study. The study included non-smoker patients over the age of 18 who were followed up in our center and diagnosed with polycythemia vera according to the diagnostic criteria specified by the World Health Organization in 2016, by examining bone marrow aspiration biopsy and JAK mutation. The diagnosis of metabolic syndrome was made according to the criteria set by the International Diabetes Association. **Results:** Of the 40 patients included in the study, 23 (57.5%) were diagnosed with MS. Gender, age, HbA1c, fasting blood glucose, hemoglobin, ferritin, triglyceride, HDL, systolic and diastolic blood pressures, waist circumference measurements of PV patients with MS were compared with PV patients without MS. HbA1c, glucose, Triglyceride, blood pressure, values showed a statistically significant difference between the groups diagnosed with MS and PV. **Conclusion:** The incidence of MS in our country is 32.9%. In our study, the incidence of MS in patients with PV was found to be higher than the Türkiye average. Oxidative stress seems to be important in the etiology of the two diseases, so our study shows that it is important for the clinician to be careful in patients diagnosed with PV and MS. Although there seems to be a relationship between PV and MS in our study, the data need to be confirmed by studies with a higher number of patients.

https://doi.org/10.1016/j.htct.2023.09.022

Adult Hematology Abstract Categories

Lymphoma
OP 02

THE OUTCOME OF PERIPHERAL T-CELL LYMPHOMA PATIENTS FAILING FIRST-LINE THERAPY, FROM PROSPECTIVE COHORT OF T-CELL BRAZIL PROJECT

Carmino De Souza [1], Eliana Miranda [1], Jamila Tavares [2], Renata LR Baptista [3], Karin C Cecyn [4], Juliana Pereira [5], Marcelo Bellesso [6], Samuel S Medina [1], Davimar Borducchi [7], Frederico L Nogueira [8], Daniela FC Farias [9], Thais Fischer [10], Rony Schaffel [11], Massimo Federico [12], Carlos S Chiattone [13]

[1] *Samaritano Hospital – Higienopolis & Santa Casa Medical School of Sao Paulo*
[2] *University of Campinas (UNICAMP), Hematology and Hemotherapy Center, SP*
[3] *Ophir Loyola Hospital, Belem, PA*
[4] *State University of Rio de Janeiro – UERJ & Instituto D'Or de Pesquisa e Ensino (IDOR), Rio de Janeiro*
[5] *Federal University of Sao Paulo - UNIFESP, SP*
[6] *Medicine School of University of São Paulo – USP, SP*
[7] *HemoMed, Instituto de Ensino e Pesquisa – IEP, São Lucas, SP*
[8] *Medical School of ABC, Santo Andre, SP*
[9] *Hospital Luxemburgo, Instituto Mario Penna, MG*
[10] *Hospital Beneficencia Portuguesa, SP*

2531-1379/

[11] AC Camargo Hospital Cancer Center, SP
[12] Federal University of Rio de Janeiro – UFRJ, Clementino Fraga Hospital, RJ
[13] University of Modena and Reggio Emília, Italy

Objective: In Brazil, the National Institute of Cancer estimates for the years 2023-2025 about 12,040 new cases of NHL, about 1,444 of peripheral T-cell lymphomas (PTCLs). T-cell Brazil project is an ambispective study inserting new diagnosis from January 2015 to December 2022. Our goal was to explore a prospective cohort (PC), April 2017-December 2022, analyzing primary refractory and relapse (R/R) PTCLs pts to explore bad factors for overall survival (OS). **Methodology:** PC enrolled 461 pts who received 1ª treatment line. Descriptive analyses, Kaplan-Meier method, Log-Rank test to compare groups and Cox Regression to identify risk factor for OS using IBM-SPSS software v.24. **Results:** It was identified 171 (37%) pts, 71% refractory and 29% relapsed. Median mo. from treatment to R/R was 6 mo. (1-49). Overall, 42% received 2nd line treatment and these 11% had to bone marrow transplantation. After a median 17 months (0-51) of follow up, 64% pts had died, and 74% due to lymphoma, 17% infections, 9% toxicities. Refractory pts (HR=2.51, $P<0.0001$), IPI=2-4 (HR=3.19, $P<0.0001$) and >1 extranodal site (HR=1.76, $P=0.01$) were associated with a higher risk of death in a Cox Regression. **Conclusion:** This study confirms outcomes for patients treated according to standards treatment. No difference was found in OS with respect to histology. Results confirm that peripheral T-cell lymphomas patients had dismal outcome after relapse or progression, besides of higher IPI and more than one extranodal site at diagnosis. However, HCT as salvage can possibly prolong life as some studies already indicated.

https://doi.org/10.1016/j.htct.2023.09.023

OP 03

IBRUTİNİB-OBİNUTUZUMAB COMBİNATİON THERAPY İN THE TREATMENT OF RELAPSED NODAL MARGİNAL ZONE LYMPHOMA: A CASE STUDY

Nuray Gül Açar [1], İbrahim Halil Açar [2], Birol Güvenç [1]

[1] Department of Hematology, Cukurova University, Adana, Turkey
[2] Department of Hematology, Osmaniye State Hospital, Osmaniye, Turkey

Background: Marginal Zone Lymphoma (MZL) is a type of non-Hodgkin lymphoma (NHL) originating from B-lymphocytes. It is characterized as a slow-growing or indolent lymphoma and is considered a rare disease. The report focuses on a case of MZL diagnosed in childhood, which relapsed after initial treatment and subsequently went into remission following ibrutinib-obinutuzumab treatment. **Case Report:** In 2010, a 9-year-old girl with no previously known systemic illnesses was diagnosed with stage 4B nodal marginal zone lymphoma outside a pediatric center. Initially, she achieved remission following treatment with rituximab-bendamustine but experienced a relapse in 2012. Subsequent to lymph node excision and Methotrexate, Ifosfamide, Etoposide, and Dexamethasone (MIED) therapy, all conducted outside the pediatric center, she received an autologous stem cell transplant in 2013. Five years after the transplantation, she applied to our center when she was 18 years old, exhibiting widespread lymphadenopathy and suffering a relapse of stage 4B nodal MZL. Treatment with ibrutinib-obinutuzumab was commenced, leading to a full response after six cycles, without any adverse effects. Maintenance therapy with ibrutinib was initiated to avert further recurrence. **Conclusion:** The treatment of relapsed nodal MZL continues to be challenging. In patients who have previously received repeated cytotoxic chemotherapy, the combination of ibrutinib-obinutuzumab may be an effective and safe option to avoid cumulative toxicity of chemotherapy. Further studies with more cases in R/R nodal MZL will contribute to the management of the disease.

Keywords:
Marginal Zone Lymphoma (MZL)
Non-Hodgkin lymphoma (NHL),Ibrutinib-Obinutuzumab
Relapsed Nodal MZL
Lymphadenopathy

https://doi.org/10.1016/j.htct.2023.09.024

Adult Hematology Abstract Categories

Myeloma

OP 04

ISATUXIMAB PLUS CARFILZOMIB AND DEXAMETHASONE VERSUS CARFILZOMIB AND DEXAMETHASONE IN PATIENTS WITH RELAPSED MULTIPLE MYELOMA (IKEMA): FINAL OVERALL SURVIVAL ANALYSIS

Ecenur Guder Arslan [1], Kwee Yong [2], Thomas Martın [3], Meletios Dımopoulos [4], Joseph Mıkhael [5], Marcelo Capra [6], Thierry Facon [7], Roman Hájek [8], Ivan Špıčka [9], Ross Baker [10], Kihyun Kım [11], Gracia Martınez [12], Chang-Ki Mın [13], Philippe Moreau [14]

[1] Sanofi
[2] University College London Cancer Institute
[3] University of California
[4] National and Kapodistrian University of Athens
[5] Translational Genomics Research Institute (TGen), City of Hope Cancer Center
[6] Hospital Mãe de Deus
[7] Lille University Hospital
[8] Department of Hematooncology, University of Ostrava
[9] 1st Department of Medicine - Department of Hematology, First Faculty of Medicine, Charles University and General Hospital in Prague
[10] Murdoch University